



MISSOURI DEPARTMENT OF REVENUE
TAXATION DIVISION
PO BOX 357
JEFFERSON CITY, MO 65105-0357
SALES AND USE TAX SURETY BOND

FORM
331
(REV. 08-2009)

**REQUIREMENTS FOR COMPLETING FORM
THIS FORM CANNOT BE ALTERED**

1. Issued by licensed surety company
2. Signed by surety company's authorized representative
3. Signed by taxpayer's authorized representative
4. Notarized
5. Effective date included
6. Must be accompanied by a valid Power of Attorney letter issued by the surety company.

AMOUNT	BOND NUMBER	DATE OF ISSUANCE
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At the request of taxpayer/business _____,
(TAXPAYER/BUSINESS NAME, INCLUDING SPOUSE IF LISTED ON THE TAX REGISTRATION APPLICATION, ALL PARTNERS, CORPORATION, OR LLC NAME)

Address _____, County of _____,

State of _____, _____
(SURETY)

hereby issues this Sales and Use Tax Surety Bond (Bond) in favor of the Missouri Department of Revenue (MDOR), in the aggregate sum of _____ dollars (\$ _____). This Bond shall secure the payment of the sales and use taxes and related fees, interest, additions to tax, and/or penalties due the state of Missouri or MDOR on or after the date of this Bond.

Any claim on this Bond shall be paid to MDOR upon a written demand for payment on the Surety by referencing this Bond. The Surety shall honor all demands for full or partial payment.

This Bond shall be effective for a period of two years from the date of issuance or until MDOR releases the taxpayer/business from the bonding requirement set forth in Section 144.087, RSMo, as amended, whichever later occurs. The Surety may cancel the Bond by delivering sixty (60) days' written notice to the Director of Revenue, P.O. Box 357, Jefferson City, MO 65105-0357. Any election to cancel this Bond shall not operate to relieve, release, or discharge the Surety from any liability for sales or use taxes, related fees, interest, additions to tax, and/or penalties of the taxpayer/business that may accrue for all periods prior to the cancellation of this Bond.

MDOR shall have a period of one year after expiration or cancellation of the Bond to make a demand for payment upon the Surety. The Surety affirms that any demand for payment made by MDOR in accordance with the terms of this Bond shall be honored upon receipt.

Delivery of any demands, notice, or service of process by MDOR shall be deemed sufficient and made in the state of Missouri if personally served or if mailed by U.S. mail with return receipt requested to the Surety's address as set forth below. This Bond and any legal action pertaining thereto shall be governed by and construed in accordance with the terms of the Uniform Commercial Code and the laws of the state of Missouri. MDOR and the Surety understand and agree that the exclusive jurisdiction for any action concerning this Bond shall be the state of Missouri and the only venue shall be in the Circuit Court of Cole County, Missouri. By signing this Bond, the undersigned states that he/she has authority to bind the Surety identified herein.

SURETY NAME	SURETY PHONE NUMBER	SURETY COMPANY CERTIFICATE OF AUTHORITY NUMBER
SURETY ADDRESS	SIGNATURE OF SURETY OFFICIAL	
SURETY CITY, STATE, ZIP CODE	SURETY OFFICIAL'S NAME AND TITLE (TYPED OR PRINTED)	

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

Taxpayer/business hereby authorizes MDOR to disclose confidential tax information to _____
(SURETY)

for the purpose of making demand for payment on this Bond. This authorization expires at the conclusion of MDOR's demand period as defined above. Taxpayer/business also releases the Director of Revenue, MDOR, and MDOR personnel from any and all liability related to any disclosure of confidential tax information that is necessary for making demand for payment upon the Surety. By signing this Authorization, the undersigned states that he/she has legal authority to bind the taxpayer/business identified herein.

TAXPAYER/BUSINESS	ADDRESS	CITY, STATE, ZIP CODE
SIGNATURE OF OWNER, PARTNER, CORPORATE OFFICER OR MEMBER	NAME AND TITLE OF PERSON SIGNING THIS RELEASE (TYPED OR PRINTED)	

NOTARY PUBLIC

IN WITNESS WHEREOF, this taxpayer/business duly executed the foregoing this _____ day of _____ A.D. 20 ____.

NOTARY PUBLIC EMBOSSE OR BLACK INK RUBBER STAMP SEAL	COUNTY (OR CITY OF ST. LOUIS)	STATE	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	USE RUBBER STAMP IN CLEAR AREA BELOW.
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		